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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 4304.MVAN.NP	
Application Number 10/024,128		Filed December 17, 2001	
Title SYSTEM AND METHOD FOR FINANCIAL MANAGEMENT AND ANALYSIS			
Art Unit 3692		Examiner LIVERSEDGE, JENNIFER L	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$120	\$60 \$_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$460	\$230 \$_____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1,050	\$525 \$ <u>525</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1,640	\$820 \$_____
<input type="checkbox"/> Five Month (37 CFR 1.17(a)(5))		\$2,230	\$1,115 \$_____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Directory is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0881</u> .			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,983</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
 Signature		<u>09-16-08</u> Date	
Paul C. Oestreich Typed or printed name		(801) 478-0071 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> form submitted.			



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/024,128
		Filing Date	December 17, 2001
		First Named Inventor	Michael J. VanLeeuwen
		Group Art Unit	3692
		Examiner Name	LIVERSEDGE, JENNIFER L
Total Number of Pages in this Submission (including this sheet)	3	Attorney Docket No.	4304.MVAN.NP

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check for \$____ <input checked="" type="checkbox"/> Credit card authorization for \$ <u>525</u> <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings __ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input checked="" type="checkbox"/> Extension of Time Request <u>3</u> month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> Maintenance Fee Transmittal __ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:	Remarks
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Attorney for Applicant		Paul C. Oestreich, Registration No. 44,983 MORRISS O'BRYANT COMPAGNI, P.C. 734 East 200 South Salt Lake City, Utah 84102 (801) 478-0071 telephone; (801) 478-0076 facsimile	
Signature		Date	09-16-08
CERTIFICATE OF MAILING UNDER 37 CFR § 1.8			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or Printed Name Paul C. Oestreich			
Signature		Date	09-16-08